

## NOTICE OF APPROVAL/DENIAL

Child(ren)'s Name (s): \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Dear \_\_\_\_\_:

Your application for free milk for your child(ren) has been:

\_\_\_\_\_ Approved for free milk.

\_\_\_\_\_ Temporarily approved for free milk until \_\_\_\_\_.

\_\_\_\_\_ Denied for the following reasons:

\_\_\_\_\_ Income over the allowable amount.

\_\_\_\_\_ Incomplete application. Complete the following information:

\_\_\_\_\_

If you do not agree with this decision, you may discuss it with me. You also have a right to a fair hearing. To request a fair hearing, call or write the following fair hearing official:

Name and Title \_\_\_\_\_

Address: \_\_\_\_\_

Telephone \_\_\_\_\_

**Verification:** Your eligibility may be checked at any time during the school year. School officials may ask you to send papers showing that your child should receive free milk.

**Confidentiality:** School officials use the information on the application only to decide if your child should receive free milk, or benefits under other federal and state education programs.

**Reapplication:** You may apply for meals anytime during the school year. If you are not eligible now but have a change, like a decrease in household income, an increase in household size, become unemployed or receive food stamps, TAFI, or FDPIR for your child, complete an application then.

To find out more about other programs in your community, contact the 2-1-1 Idaho Careline by dialing 211 or 1-800-926-2588. Se habla espanol.

Sincerely,

Name and Title \_\_\_\_\_

Address: \_\_\_\_\_

Telephone \_\_\_\_\_

**"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.**

**To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."**